



TOWN OF LOS GATOS

ART SELECTION PANEL APPLICATION

Submit to: Clerk Department
110 East Main Street, P.O. Box 949, Los Gatos, CA 95031
Telephone: (408) 354-6834 • Fax: (408) 354-8431 • Email: clerk@losgatosca.gov

Please type or print legibly

* Last Name: _____	* First Name: _____
* Address: _____	* City: _____ * Zip: _____
* Home Phone: _____	Work Phone: _____
Email: _____	Fax: _____
Present Employer: _____	Job Title: _____
Length of Residency in Los Gatos: _____	
* If appointed, this information will be made available to the public.	

Previously Held Elected or Appointed Governmental Positions	Position/Office Held	Dates
Civic or Charitable Organizations You Have Belonged To	Position/Office Held	Dates
Schools Attended/Attending	Major Subject and/or Grade Level	
A separate application is required for each Commission. Please list other Commissions you are applying to: _____ _____		

Signature: _____

Date: _____

Please check the appropriate box:

- ☐ I am applying as an artist who resides in the Town of Los Gatos.
- ☐ I am applying as an art professional (artist, art historian, art administrator, museum professional, architect, etc.) who may not necessarily reside in the Town of Los Gatos.
- ☐ I am applying as a resident of the Town of Los Gatos.

1. Why are you interested in serving on the Art Selection Panel? _____

2. Have you ever attended a Art Selection Panel meeting? _____. If so, please provide a summary of your observation of the meeting? _____

3. Tell us about your experience with selecting public art. _____

4. Which public art piece is your favorite in Los Gatos or elsewhere? _____

5. Where would you like to see more public art placed? _____

Name of applicant: _____

6. Describe your experiences with other art organizations. _____

7. What impact would you like to have on the arts in Los Gatos? _____
